

Effective October 1, 2000

Application or Docket Number

60305-306801

CLAIMS AS FILED - PART I				l			SMALL ENTITY			OTHER THAN			
TOTAL OLANAC			(Column 1)		(Column 2)			TYPE		OR		SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ეე minus 20=		*			X\$ 9=		OR	X\$18=	-	
INDEPENDENT CLAIMS					*		Ì	X40=	-	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							ı	+135=		OR	+270=		
* If the difference in column 1 is less th				han zero, enter "0" ir		column 2		TOTAL		OR	TOTAL		
	С	LAIMS AS A	MENDED	- PAR	T II						OTHER	THAN	
_	,.	(Column 1)	(Colur			2) (Column 3)		SMALL ENTITY		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* INTATION OF M	Minus	***	F.CL AINA	=		X40=	-	OR	X80=		
-	FIRST PRESE	INTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	,	NOOH. TEE		•	ADDIT: TEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CLAIM	<u> -</u>		X40=		OR	X80=		
	I INOT PRESE	NIATION OF MA	JETTPLE DEF	ENDEN	CLAIM		'	+135=		OR	+270=		
				,			. 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	;	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=			X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM					OR		_	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE													
		nber Previously Pa					r fou	nd in the app	ropriate box	cin co	lumn 1		